

(a) In subcutaneous injuries where the patient is bleeding to death.

(b) Always in severe suppuration where nephrotomy does not suffice.

(c) A prolapsed kidney that is irreducible or pathologically changed.

74. Contraindications :

(a) Congenital defect of the other kidney or anomalies like horse-shoe kidney.

(b) Cohesion or sympathetic disease of the other kidney.—*Arch. f. klin. Chirg.*, 1887, Bd. 34, hft. iv.

GENERAL SURGERY.

I. Surgical Diseases which Man has Acquired by Changing to the Upright Position. By Dr. ALBRECHT (Hamburg). The tendency to pass to the two-legged attitude is present in nearly all mammalia. In man it is most thoroughly carried out. The altered body carriage may be the cause of various morbid processes.

(1). Bone diseases, resp. troubles resulting therefrom ; pathological skolioses—emphasized normal forms—spondylitis, cold sinking abscesses, coxitis, genua vara and valga, spondylolisthesis.

(2). Migration of poorly attached retroperitoneal organs, viz., kidneys, ovaries and especially testicles.

(3). Hernia, of hypogastric region in the widest sense.

(4). Varices, varicoceles, haemorrhoids.

(5). The so-called pulsion-diverticula of the oesophagus. The retrapharyngeal pockets he finds lie in the position of the cœcum oesophageum of various mammalia. In quadrupeds food-particles can be more easily regurgitated therefrom. His theoretical considerations cannot be conveniently reproduced.—Rept. of XVI Germ. Surg. Congress in *Cent. f. Chirg.*, 1887, No. 25.

II. On Artificial Respiration and Artificial Heart-Motion. By Prof. KRASKE (Freiburg). In a child, aet. 5 years, strangulated 12 to 15 min. by croup, tracheotomy was performed and artificial respiration (Sylvester) begun. In a few minutes the lips became red, the cheeks soon also, and the pupils narrowed. On stopping respiration all this subsided but reappeared on renewal of efforts. Life did not

return, hence the phenomena must have been produced by an artificial circulation. In animal and human cadavers he was able, after the heart was quite dead, to start a circulation from the veins through the right side of the heart into the aorta system. Even in cadavers three days old he succeeded in producing a reddening of the lips and a pupillary narrowing.

Evidently the various forms of artificial breathing must act very unequally in moving the blood. Direct insufflation of air cannot have much effect, as it simply increases the intra-thoracic pressure. The method of rhythmic compression of the thorax alone can likewise produce but slight aspiration—this through the elastic rebound of the ribs. Sylvester's method best fulfills all requirements. To further increase the effect of the respiratory movements on the circulation he recommends inspiration and expiration with closed air-passages (Müller's and Valsalva's experiments). But with a still heart artificial respiration does not suffice. The heart must also be compressed. With children the elasticity of the thorax walls admits of this being done directly. Not so in adults. In them at the expiration the abdomen must also be compressed. The inverted position acts similarly and besides favors the blood flowing in from the lower cava.

His method of resuscitation is, to immediately bring the person into a nearly inverted position and perform artificial respiration according to Sylvester. The single respiratory movements must be carried out most forcibly. At each expiratory compression of the thorax an assistant must compress the abdomen with both hands spread out. A second assistant has from time to time, say at every fifth respiration before the beginning of the expiratory movement and during its continuance, to hold the mouth and nose tightly closed. At somewhat longer intervals, say every tenth respiration, it would also be well to do the same during the inspiration.

In the discussion Heusner reported a case of brain-tumor in which, after life had ceased, artificial respiration caused reddening of the lips and a return of the pulse, but no pupillary or muscular reaction. After four hours artificial respiration the pulse ceased. In another case, of chloroform collapse in a girl æt. 20 years, after over three hours, ar-

tificial respiration breathing finally returned—in bath—and the patient lived three hours. In thin patients he used Schüller's method of drawing up the border of the ribs.

Langenbuch related a case of chloroform death in an ataxic in which, after a half hour's unsuccessful artificial respiration, he rapidly opened into the pericardium and rhythmically compressed the heart with the hand. The face was observed to blush.—Rept. XVI, Germ. Surg. Congress in *Centbl. f. Chirg.*, 1887, No. 25.

**III. Erysipeloid and Its Etiology.** By Dr. ROSENBACH (Göttingen). This so called "chronic erysipelas" or "wandering erythema" is long recognized but slight and harmless affection. It is a local trouble quite typical in its course and is caused by a special microbe. Though a traumatic infectious disease it is probably never transmitted directly but occurs sporadically from inoculation of wound-spots with ectogenic existing material. This occurs in all kinds of refuse of animal matter, hence certain persons are particularly exposed as game-dealers, cooks, restaurateurs, butchers, tanners, fish-mongers, oyster-openers, dealers in cheese, herring, etc. Naturally the hands are the most frequent starting point of the affection as they are chiefly exposed.

The general condition and body-temperature are not influenced. The infiltration of the skin has a sharp border but progresses very slowly—taking, e. g., a week from finger tip to metacarpus. Duration of the affection is indefinite, one to three weeks. He corrects his former statement that the cause was a pure coccus. In November, 1886, he secured new cultures and successfully inoculated himself on the arm. Circumscribed redness appeared on the third day. By the eighteenth day, at the periphery, it had only a diameter of 24x18 cm., whilst in the centre it was again normal. In gelatine cultures he first found coccus-like bodies larger than staphylococcus, later also interwoven threads showing false dichotomy. Without attempting to classify the microbe he states its resemblance to Cohn's *cladothrix dichotoma*.—Rept. of XVI Germ. Surg. Congress in *Cent. f. Chirg.*, 1887, No. 25.